U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7793	2. Flacal Year Covered From:
3. Name and address of person fling.	4. Name, file number, and address of labor organization.
Name Wayne Militer	<b>1</b>
A State of the Control of the Contro	The second secon
	Labor Organization File Number 022-875
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 14002 Mosel ty Road	Street 14002 MENULTY Road
City philadelphia	City Phyladelphia
State Pennsylvania ZIP Code +4 19154-3023	State Pennsylvania ZIP Code + 4 19153
5. Position in labor organization. Bustiness Manager	Adaption and the second
	Serve and the manufactions?
A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose amployees your organization.	erived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or income.
Name Name	The second secon
	The control of the state of the
Trade Name, If any:	
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Trade Name If any	7.b. Amount
Trade Name, If any:	7.b. Arrount
P.O. Box, Bldg. Room No., if any	7.b. Amount
P.O. Box, Bldg. Room No., if any Street	7.b. Amount
Trade Name, if any:  P.O. Box, Bkdg Room No if any  Street  City  State  ZiP Code + 4	The second secon
Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street  City  State  ZIP Code + 4	ittre  Orjury and other applicable penalties of the law that all of the law
Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of Possibility Submitted in this report (incharing the undersigned declares, under penalty of Possibility).	ture  Originy and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)
Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of Psubmitted in this report (including the information contained in any accompanyin undersigned a knowledge and belief, true, correct, and complete, (See the section of the complete of of the	ture  british and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)  On 8-12-05 115-671-1592
Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street  City  State  ZiP Code + 4  Signature and verification. The undereigned declares, under penalty of Proceedings of the submitted in this report (including the information contained in any accompanying undersigned a knowledge and belief, true, correct, and complete, (See the section LM-30 (2003)	iture  originy and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)

Name of Person Filing Wayne Miller		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or it (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or	3
8. Name and address of Business (including trade name, if any).  Name O Donoghue & O Donoghue	9. Business dears with:	
Trade Name, if any:	a. Labor Organizat	ian
P.O. Box, Bldg., Room No., if any Street 4748 Wisconsin Ave., N.W.	c. Employer	
City Washington State District of Columbia. ZIP Code - 4 20016	from the state of	
10. If 9.b. or 8.c. is checked give trust or employer's name.	11.a. Nature of such dealin	G.
Name Annual Control of the Control o	Provided Jegal servi	<del>-</del>
Trade Name, If any:		
P.O. Box, Bidg., Room No., if any Street	- And Andrews	
City City Control of the Control of	11.b. Approximate dollar value	Miletonia and Market Ma
State ZIP Code + 4 ZIP Code	12.a. Nature of interest held Dinner, meeting of 20	Distriction and a second of the second of th
	12.b. Amount.	18175
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) or or other thing of value,	
3.a. Name and address of Employer or Labor Relations Consultant (Including trade name, If any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any		
Street	A STATE OF THE STA	
State ZIP Code + 4		
1 21P C009 + 4	Secretary and the secretary an	The state of the s
3.b. Is the Business on Employer or Consultant ?	14.b. Amount of payment.	-

Name of Person Filin	y wayne	Miller
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Wast Weltare Fund	9. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trusi
Street 8000 Gorperate Drave	c. Employer
City Landover	
State Mary Land. ZIP Code + 4 20785	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such dealing.
Name Control of the State of the Control of the Con	See attached
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
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State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
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E. C.	
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	12.b. Amount. \$1.,027

Name o	f Person	Filing	Wayne	Miller
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seaking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Basi Welfare Fond		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
	. c. Employer	
Street 8000 Corporate Drive	G. Employer	
City Landover		
State Maryland ZIP Code + 4 20785		
10. If 9.b. or 9.o, is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name	See attached	The second secon
Trade Name, if any:	The state of the s	
P.O. Box. Bldg., Room No., if any		
Street	The second secon	The state of the s
City Town Control of the Control of		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
State ZIP Code +4	11 h Attention of a latter with the state of	Parameter Management (1997)
to the second of	11.b. Approximate dellar value of such dealing.	Links Annual Control
ļ	12.a. Nature of interest held or Income received.	parties and the state of the st
	Reimbursament of expenses related educational conference sominar.	ro attendence at
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		A CONTRACTOR OF THE PROPERTY O
	12.b. Amount.	The second secon
	Company with a state of \$5°	\$2,993

Name of Person Filing	Wayne	Miller
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#### Part B Continuation Page

B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or your labor organization or use the first in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Spinkler Industry Supplemental Pension Fund Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 14002 McNulty Road	c. Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19154		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trado Name, if any:	See attrached	
P.O. Box, Bidg., Room No., if any		The state of the s
Street	And the second s	
City	A second	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	A STATE OF THE STA
	Reimbursement of expenses related trustees meeting	to attendente at
	A STATE OF THE STA	The second secon
	12.b, Amount.	\$450

Name of Person	Filing	Wayne	Miller
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#### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seaking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deats with:	
Name Sprinkler Industry Supplemental Pension Fund		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 14002 McNulty Road	c. Employer	
City Philadelphia		
State Pentisylvania ZIP Gode + 4 19154		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	See attaches.	The second secon
Trade Name, If any:		ر از از از میدان کرد به از
P.O. Box, Bldg., Room No., if any		The second secon
Street	The state of the s	ا من المحافظ ا المحافظ المحافظ المحاف
City	And the second s	A STATE OF THE STA
State ZIP Code + 4	The second secon	Age of the second secon
ZIF COURT 4	11.b. Approximate dollar value of such dealing.	The state of the s
	12.a. Nature of interest held or income received.	
	Reimbursament of excenses velated educational conference/seminar	to attendence et
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and the second		The second secon
	12.b. Amount.	\$603

Name of Person Filing	Wayne	Miller
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or, otherwise dealing with the business of an employer whose employees your labor organization represents or is activaly seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (Including trade name, if ≗ny).	9, Business deals with:		
Name The Segal Company	a. Labor Organization		
P.O. Box, Sldg., Room No., If any Suite 400	b. Truet		
Smeet 1920 N. Street Northwest	c, Employer		
City Washington State District of Columbia ZIP Code + 4 (20036-1559)			
10. If 9.E. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name WAST Welfare and Pension Funds	Provide actuarial services to the	重 <b>卢</b> 萨克·	
Trade Name, if any:			
P.C. Box, Blog., Room No., if any			
Street 8000 Corporate Drive			
City Landover	Language of the state of the st		1
State Maryland ZIP Code + 4 Z0785	11.b. Approximate dollar value of allch dealing.	. <u>61</u>	61,732
	12.a. Nature of interest held or income received.		
	07/08/04 celf 08/11/04 Danner		\$112
	12.b. Amount		\$235
	terrica contraval to		7230

### LM-30 Attachment

Name: Wayne Miller

LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Items Number

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) 8, 9,

including reimbursement of valid expenses by a trust in which the labor organization is 11a

interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to and.

fund the trust per collective bargaining agreements negotiated by the labor organization. 116 While the guidance is unclear, other transactions may also be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, the plan is listed here as though it is a business that has dealings with the labor organization, but no amount is reported in 11b and the total amount of all such dealings is not ascertainable. Also note, the DOL software for preparing Form LM-30 does not permit, in part B item 9, selecting more than one answer.